

# MAPPING OF PUBLIC AND PRIVATE SECTOR FOR FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES IN MUZAFFARABAD

## KEY FACTS - DISTRICT MUZAFFARABAD

Population	650,000
Area	1,642 Square Kilometer
Infant Mortality Rate	58 per thousand live births
Under five year Mortality Rate	88 per thousand live births
Doctor Population	One doctor per 5,507 population
CPR	31%
Unmet Need	22%
Nurse to population ratio	1:12,102
Number of beds per population	1:1,690
Public Sector facilities	74
Private health care provider	192
Public Outreach Program (LHW & CMW)	517

Slow progress in contraceptive prevalence rate, infant and child mortality and one of the highest unmet needs in Pakistan, Muzaffarabad faces challenging prospects of improving its health system including reproductive health and access to family planning counseling and services.



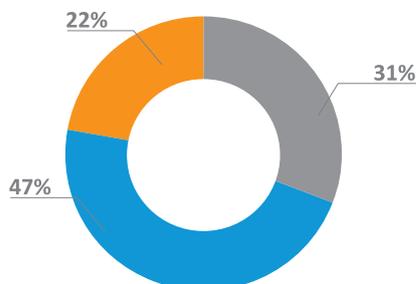
Map of spatial distribution of public, private and outreach facilities.

## METHODOLOGY

This mapping aimed to cover all public and private facilities to enumerate the type of FP services and providers along with their approximate geographical location. The project team used structured questionnaire to glean information from all health facilities including BHUs, RHCs, clinics, pharmacies, nursing homes, in-patient hospitals, Lady Health Workers and Community Midwives. Data were managed through online web-based system, producing digital web-based maps and dashboards as an output.

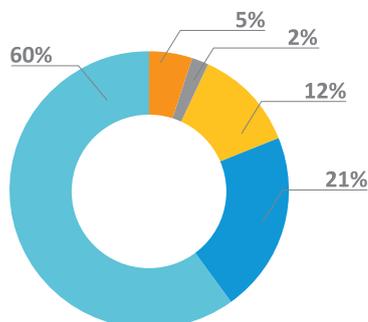
### Public sector - Reasons for not providing FP services

- Lack of Technical Skills
- Stock Out
- Other



### Private sector - Reasons for not providing FP services

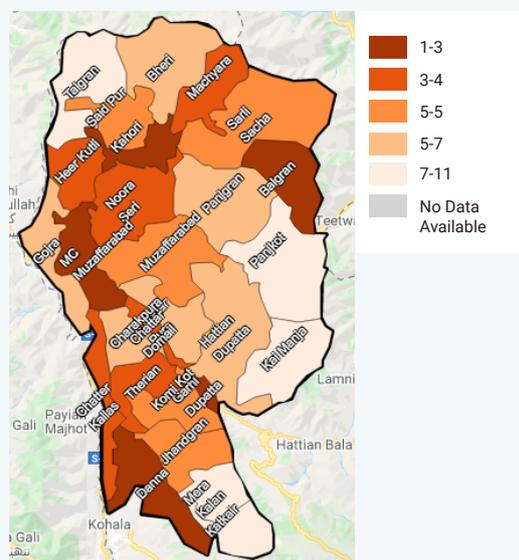
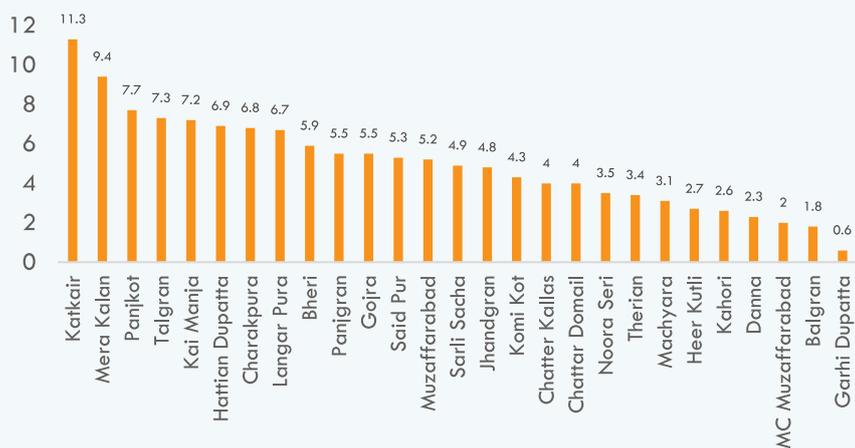
- Lack of Incentive
- Lack of Technical Skills
- Lack of time
- Stock Out
- Other



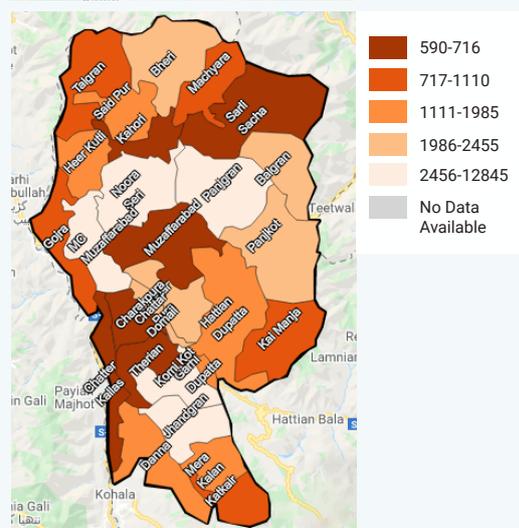
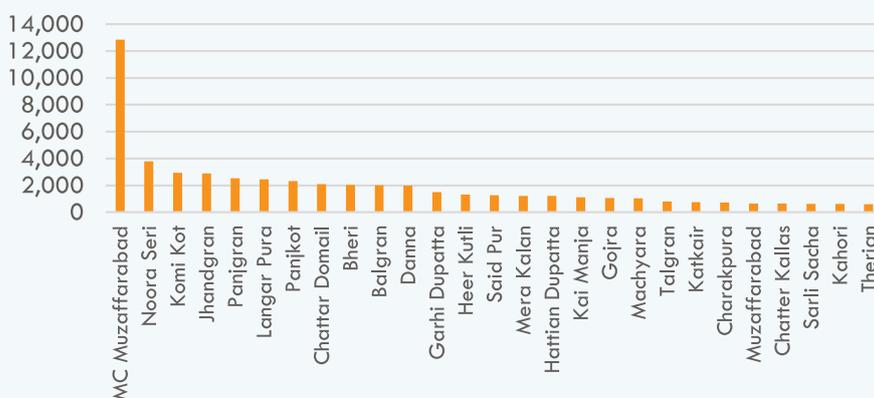
## FINDINGS

Even with ubiquitous provision of FP related counseling in public sector, only some facilities went beyond providing more than just counseling services. The inability of facilities to provide services was evident through their contraceptive availability, which was generally very low. Out of all the various types of public sector facilities in Muzaffarabad only small proportion of BHUs (15%), CMWs birthing and FP stations (23%), and dispensaries (40%) reported having at least three contraceptive products, the others reporting 0% for at least three methods. Only 1% of LHWs in Muzaffarabad reported having one or more than one contraceptive method available. The overall situation for MNCH services availability was relatively better compared to FP services, highlighting the need to link these services through policy and legislation to ensure wider access to FP Services.

## DISTANCE OF PRIMARY TO SECONDARY/TERTIARY HEALTH FACILITY IN UC (IN KM) MUZAFFARABAD



## PUBLIC FACILITIES COVERAGE UC WISE - MUZAFFARABAD



## CONTRACEPTIVE STOCK AVAILABILITY

	Stock availability for private sector				Stock availability for public sector		
Condom	82%				20%		
COC Pill	17%				11%		
EC Pill	16%				3%		
POP	16%				7%		
DMPA (3-month injection)	14%				11%		
IUCD	2%				24%		

	BHU	CMW	Dispensaries	FWC	LHW	MCH	RHC
At least one contraceptive available	41%	23%	40%	25%	1%	50%	33%
At least three contraceptives available	15%	23%	40%	0%	0%	0%	0%
At least five contraceptives available	3%	8%	0%	0%	NA	0%	0%

## HUMAN RESOURCE AVAILABILITY

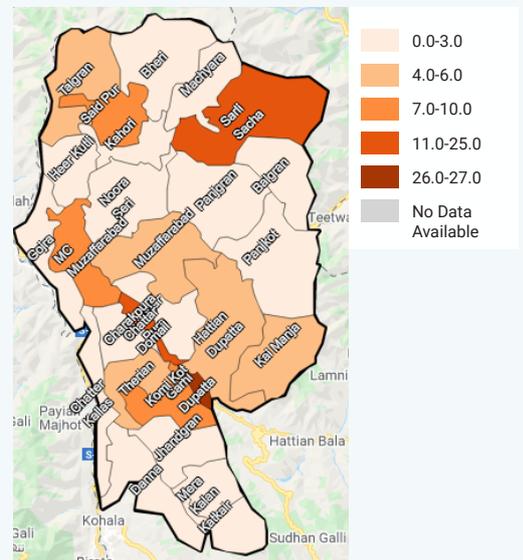
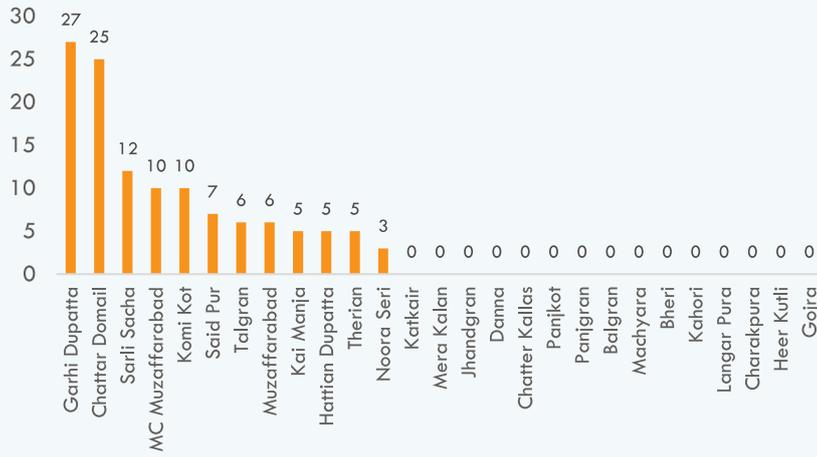
Human Resources	BHU	Dispensaries	FAP	FWC	MCH	RHC
Dispensers/Technicians	51%	40%	58%	0%	100%	17%
Doctors (At Least MBBS qualified)	38%	0%	0%	0%	0%	0%
LHVs	51%	40%	0%	75%	50%	0%
Midwives	28%	40%	0%	13%	0%	33%
Nurses	5%	0%	8%	0%	50%	0%

## SPECIALIZED FP SERVICES

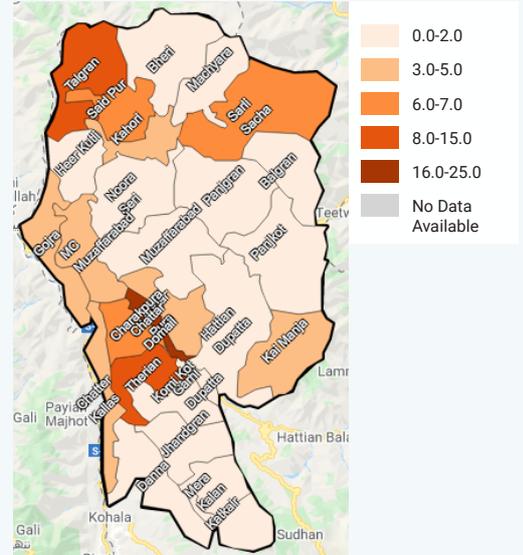
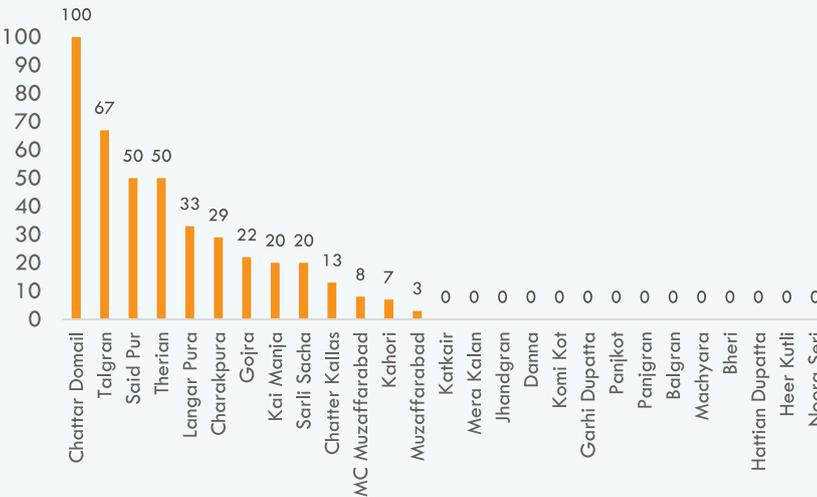
Type of specialized services	Private	Public
Female Sterilization	37%	4%
Implants Insertion/removal	32%	3%
IUCD Insertion	30%	60%
Male Sterilization	0%	0%

IUCD insertion was the mostly commonly available service in Muzaffarabad, with 60% of public sector facilities providing the services. Female sterilization, Implant insertion and IUCD insertion were commonly available in private sector

### UC WISE PERCENTAGE OF FACILITIES HAVING COC AVAILABILITY - MUZAFFARABAD

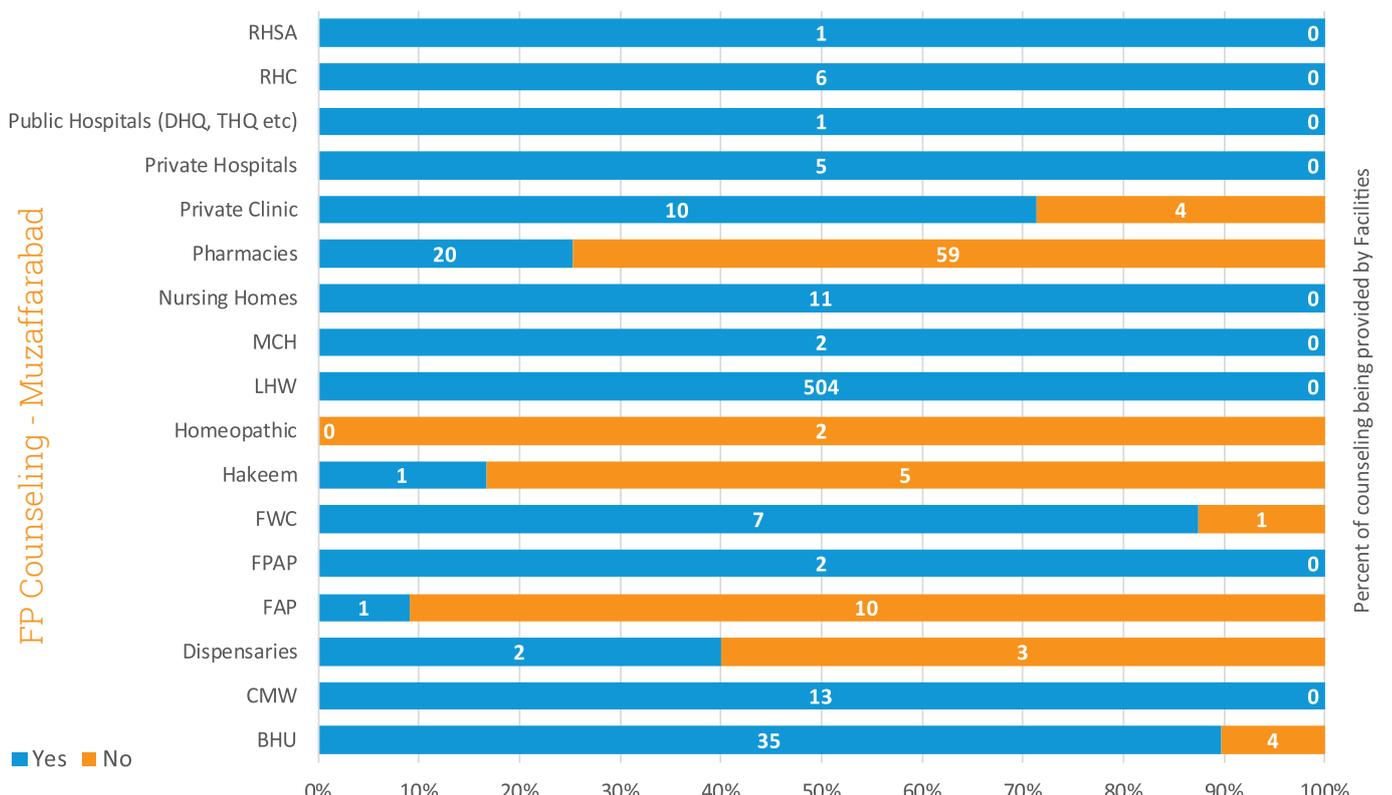


### UC WISE PERCENTAGE OF FACILITIES HAVING IUCD AVAILABILITY IN UC - MUZAFFARABAD



### FP COUNSELING

FP counseling was more prevalent compared to product availability. All LHWs reported to be counseling for FP, similar was the response for nursing homes, MCH centers, FWCs, CMWs. Almost 10% BHUs reported not doing even counseling for FP. Almost 70% of private clinics reported doing counseling



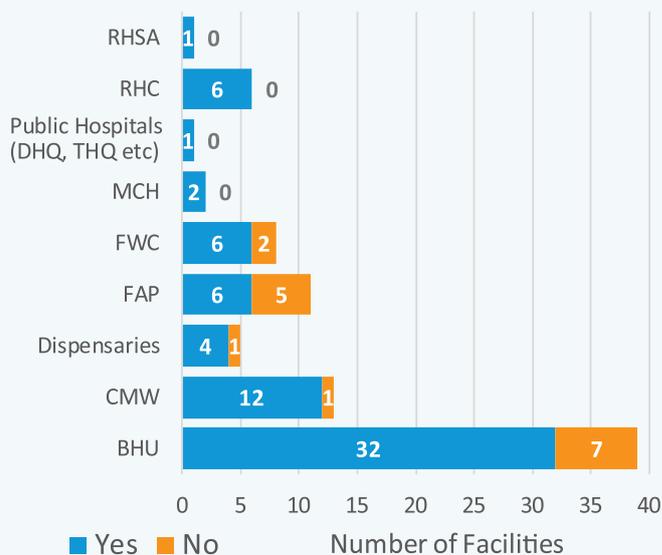
## FP MANAGEMENT INFORMATION SYSTEM

Paper based information system is regularly being used in public sector. Almost 88% facilities reported using paper based LMIS. Electronic MIS was not being used at any facility. Facilities from department of health and population use registers for recording, inventory, issuance and client records. Almost 70% of facilities were recording and reporting these elements.

## ANTENATAL CARE SERVICES

The landscape of availability of antenatal care services was relatively better. Most of the BHUs, FWCs and FAPs were providing the service. Two thirds of the private facilities including nursing homes and clinics were also providing the service

## ANC Services in Public Sector - Muzaffarabad



## RECOMMENDATIONS

Considering the volume of private sector facilities, this is indeed a missed opportunity. Most of the private sector facilities cited lack of time or technical skills as the major reasons for not providing FP service. As mentioned earlier, the FP service provision is not seen as a measure to improve clientele/ revenue in private sector. This obvious challenge can be converted into an opportunity by properly incentivizing private sector through various means.

- Policy should be formulated to systematically involve private sector for provision of services at the existing facilities and expanding to rural and hard to access areas. Government should work collaboratively with private sector to develop a five-year roadmap towards universal and comprehensive FP services provision at all facilities. This should include a legal framework and strategies to incentivize involvement through e.g. provision of subsidies contraceptives commodities and build technical and counselling skills.
- Lack of contraceptive availability at public sector facilities had severely limited to provision of services. An end to end supply chain strengthening needs to be done; with allocation and timely procurement of contraceptives being the most critical initial

step. There is need to expand the method mix with expansion of access to newer modern methods such as implants. Task shifting to lower health cadres can vastly improve the service provider numbers and resultant access.

- Utilization of MNCH services in both Muzaffarabad and Gilgit have improved. However, the uptake of family planning services are dismal that shows disconnect between FP and MNCH. While, the districts can prioritize and provide much more complex and wider ranging MNCH services, the simultaneous provision of relatively less complex FP services remains very low. In order to expand FP services, they need to be integrate family planning services with MNCH services in both public and private sector.
- Geo-spatial analysis clearly show that private sector is mostly concentrated in high population density areas. Private sector should be incentivized and/ or regularized to reach out to hard to access areas and prioritize provision of FP services. The distances of referral facilities in most areas was too high for clients to seek services comfortably. The government needs to consider providing all modern methods and specialized FP services at all primary facilities in order to improve the access.